EXDBECC	MAII	NO	EV/220153203119

AF	
(JE)	

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)				Docket Number		
FY 2005			481062	2.407		
(Fees pursuant to the Consolidated Appropriation	s Act, 2005 (H.R. 4	1818).)				
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number 10/622,559 For METHOD FOR MAKING DIRECT MARKETING COMPOSITE MATERIALS AND BARCODE FOR COMPOSITE MATERIALS			July 18, 2003			
	G COMPOSITE N	MATERIALS	S AND E	BARCODE FOR		
Art Unit 1772						
· · · · · · · · · · · · · · · · · · ·	1.136(a) to exte	nd the perio	d for fil	ling a		
	(check time perio					
_	<u>Fee</u>	Small En	tity Fee	2		
One month (37 CFR 1.17(a)(1))	\$120	\$6	0	\$ <u>120</u>		
Two months (37 CFR 1.17(a)(2))	\$450	\$22	25	\$		
Three months (37 CFR 1.17(a)(3))	\$1020	\$5 ⁻	10	\$		
Four months (37 CFR 1.17(a)(4))	\$1590	\$79	9 5	\$		
Five months (37 CFR 1.17(a)(5))	\$2160	\$10	80	\$		
Applicant claims small entity status. See 37	CFR 1.27.					
X A check in the amount of the fee is enclosed.						
Payment by credit card. Form PTO-2038 is a	attached.					
		is				
<u>.</u>	.	-				
The Director is hereby authorized to charge	the above fees, o	or credit any	overpa	ayment,		
to Deposit Account Number 19-1090.						
WARNING: Information on this form may becon included on this form. Provide credit card information of the control of the contr	ne public. Credit omation and autho	card informa prization on l	ition sh PTO-203	ould not be 38.		
I am the [] applicant/inventor.						
assignee of record of the entire interes	st. See 37 CFR	3.71				
Statement under 37 CFR 3.73(b) is	s enclosed (Form	PTO/SB/96	3).			
🛛 attorney or agent of record. Registrat	tion No. <u>47,028</u>					
attorney or agent under 37 CFR 1.34.						
Registration number if acting under 3	37 CFR 1.34.	-·				
Ein M. Ringer, Ph. D.		A	∖ugust∶	20, 2007		
Signature '			Date			
Eric M. Ringer, Ph.D.		20	06-622-	4900		
Typed or printed name		Teleph				
NOTE: Signatures of all the inventors or assignees of reconsulation multiple forms if more than one signature is required.		erest or their	represe	ntative(s) are required.		

TRANSMITTAL **FORM**

(To be used for all correspondence after initial filing)

Application Number	10/622,559
Filing Date	July 18, 2003
First Named Inventor	Matthew Thomas Adams
Art Unit	1772
Examiner Name	Michael C. Miggins
Attorney Docket No.	481062.407

	E	NCL	OSURES (check all that	apply)				
Fee Transmittal Form Fee Attached			Drawing(s) Request for Corrected Fili Receipt Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation, Change of Correspondence Address Declaration Statement under 37 CFR 3.73(b) Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on C	ng	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Return Receipt Postcard Other Enclosure(s) (please identify below):			
<u>Remarks</u>								
		\						
		RE OF APPLICANT, ATTORNEY, ctual Property Law Group PLLC			Customer Number 35243			
Signature	Ene M.	Rin	as the O					
Printed Name Eric M. Ringe			/) 7					
Date August 20, 20		007 Reg		g. No.	47,028			
		CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.						
I hereby certify that with the United Standardessed to: Con	CERT at this correspondes Postal Se	nder vice	nce is being facsimile trans with sufficient postage as	mitted t	o the USPTO or deposited ss mail in an envelope			
I hereby certify that with the United Standardessed to: Con	CERT at this correspondes Postal Se	nder vice	nce is being facsimile trans with sufficient postage as	mitted t	o the USPTO or deposited ss mail in an envelope			
I hereby certify that with the United State addressed to: Conshown below.	CERT at this correspondence Postal Semmissioner for	nder vice Pate	nce is being facsimile trans with sufficient postage as ents, P.O. Box 1450, Alexa	mitted t	o the USPTO or deposited ss mail in an envelope // A 22313-1450 on the date			

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206-622-4900

August 20, 2007

	· ·				EX	PRESS MA	IL NO. E	V88915329	
Rees gursuant to the Co	onsolidated Appl	opriations Act. 20	05 (H.R. 4818).			nplete if Kn			
Respursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).							10/622,559		
FEE TRANSMITTAL For FY 2007				-		July 18, 2003			
F E	or FY	2007		First Name		Matthew T			
_ 977				Examiner N	lame	Michael C.	Miggins	3	
Applicant claims s	mall entity st	atus. See 37		Art Unit		1772			
HOTAL AMOUNT OF	PAYMENT	(\$)120.0)()	Attorney Do	ocket No.	481062.40	97		
METHOD OF PAYM		7		·					
	_	Money Ord	_	(please identi	• •		_		
Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the deposit account, the Director is hereby authorized to: (check all that apply)									
= *		ee(s) or under		☐ Charge fee☒ Charge any			•	_	
		1.16 and 1.17		M Charge any	, underpayii	ients of crec	ill arry of	verpayment	
Warning: Information on the	nis form may be			should not be incl	uded on this for	m. Provide cre	dit card inf	ormation and	
authorization on PTO-2038									
FEE CALCULATION		,							
1. BASIC FILING, S	EARCH, AN	D EXAMINAT	ION FEES						
	FILING	FEES	SEAR	SEARCH FEES		INATION EES			
						Small			
		Small Enti	<u>ty</u>	Small Entit	¥	Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	<u>F</u>	ees Paid (\$	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM	FEES							Small E	
Fee Description							Fee (\$)		
Each claim over 20 (including Reissues) 50								25	
Each independent clai	m over 3 (inc	luding Reissue	s)				200	100	
Multiple dependent cla	ims						360	180	
Total Claims	Extra CI	<u>aims</u>	Fee (\$)	Fee Paid	(\$)	Multip	le Deper	ndent Clair	
20 or HP	=	X		•		Fee (\$)		Fee Paid (
HP = highest number	of total clain	ns paid for, if	greater than 20	D.					
Indep. Claims	Extra CI	•	Fee (\$)	Fee Paid	(\$)				
-3 or HP =		x		=					
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or com									
under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 she									
thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
thereof. See 35 U.S.	Esstee Cha	ets <u>Nur</u>	nber of each a	additional 50	or fraction t	<u>hereof</u> <u>F</u>	ee (\$)	Fee Paid	
thereof. See 35 U.S. <u>Total Sheets</u>	Extra She		100 = /50 = (round up to a whole number) x						
thereof. See 35 U.S. Total Sheets -100 =	Extra Sne	/50 = _	(round u	p to a whole n	uniber)	× _			
thereof. See 35 U.S. Total Sheets -100 =	Extra Sne	/50 = _	(round u	p to a whole n	umber)	х _		Fees Paid	
thereof. See 35 U.S. Total Sheets			•	•	umber)	х _		Fees Paid	
thereof. See 35 U.S. Total Sheets -100 = 4. OTHER FEE(S)	 ation, \$130 fo		•	•	umber)	х _	.	Fees Paic	

Registration No. (Attorney/Agent)

47,028

Telephone

Date

Eric M. Ringer, Ph.D.

Signature